



PATENT  
Serial No. 10/615,986  
Atty. Docket No. IMMR-0099C (034701-433)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Louis B. Rosenberg et al. CONFIRMATION NO.: 1236  
SERIAL NO.: 10/615,986  
FILING DATE: 07/10/2003  
TITLE: HAPTIC FEEDBACK FOR TOUCHPADS AND OTHER TOUCH  
CONTROLS  
EXAMINER: Abdulsalam, Abbas I.  
ART UNIT: 2629

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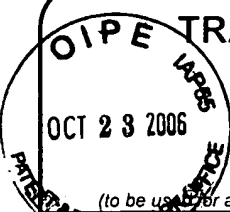
Please change the Attorney Docket No. for this patent application from  
IMMR107/03US to **IMMR-0099C**.

Respectfully submitted,  
THELEN REID & PRIEST LLP


Dated: 10/19/2006

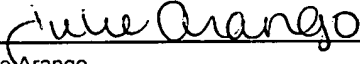
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	Filing Date		07/10/2003	
	First Named Inventor		Louis B. Rosenberg	
	Art Unit		2629	
	Examiner Name		Abdulsalam, Abbas I.	
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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard, Statement Under 37 CFR 3.73(b) (1 pg.), Change of Attorney Docket Number (1 pg.)
<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b>    </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Thelen Reid & Priest LLP		
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